

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90029 045 ****61.25

DOCUMENT # 737774
 1. Entity Name
JACKSONVILLE COMMODORES LEAGUE, INC.



Principal Place of Business Mailing Address
 6726 LINFORD LANE 6726 LINFORD LANE
 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number Applied For
59-1804893 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BURROWS, WILLIAM D
6726 LINFORD LANE
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, RANDY T	
STREET ADDRESS	6665 GRACE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	BURROWS, WILLIAM D	
STREET ADDRESS	6726 LINFORD LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	GRANGE, GIFFORD	
STREET ADDRESS	7650 EPPING FOREST WAY #110	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	BAILEY, JAMES F	
STREET ADDRESS	10 N. NEWMAN STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	GAY, ROBERT D	
STREET ADDRESS	4961 ORTEGA FARMS BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	V/T	<input type="checkbox"/> Delete
NAME	PRESTON, FREDERICK W	
STREET ADDRESS	6507 RIVER POINT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOOP, DAMON	
STREET ADDRESS	4406 Nassau River rd	
CITY-ST-ZIP	Fernandina beach FL 32034	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURROWS, WILLIAM D	
STREET ADDRESS	6726 LINFORD LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOMESYER, BRUCE A	
STREET ADDRESS	6756 LINFORD LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, JAMES F	
STREET ADDRESS	10 N. NEWMAN STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, ROBERT D	
STREET ADDRESS	4961 ORTEGA FARMS BL	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES NICHOLSON JAMES	
STREET ADDRESS	10609 Old St. Augustine	
CITY-ST-ZIP	JACKSONVILLE FL 32202 32257 Suite 7	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Nicholas* / secretary 2/10/06 904/737-0120